

NOTE: THE ABILITY TO USE CREDIT CARDS FOR PAYMENT OF COURT IMPOSED FEES WILL NOT BE AVAILABLE UNTIL SOMETIME AFTER NOVEMBER 1, 2004 AND AT THAT TIME WILL BE AVAILABLE ONLY FOR NEW CASE FILING FEES OR APPEAL FEES.

**United States District Court
Northern District of Iowa
Credit Card Authorization Form**

INSTRUCTIONS: Please type or print. Mail completed and signed form to:
U.S. District Court, Financial Department, P. O. Box 74710, Cedar Rapids, IA 52407-4710.

Firm / Company: _____

Phone number: _____

Credit Card Type:	VISA	MasterCard	Discover	American Express
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Card Holder Name: _____

Credit Card Number: _____ - _____ - _____

Expiration Date: ____/____ (MM/YY) Security Code: _____

Credit Card Statement

Mailing Address: _____ (Street address or P.O. Box)

(Please list the address
to which your **statements**
are sent)

_____, _____ Zip: _____
(City, State & Zip)

I acknowledge that the above information is accurate and that I am an authorized signer on the account. I hereby authorize the United States District Court for the Northern District of Iowa to charge to the above credit card account any and all court imposed fees, including but not limited to: filing fees, pro hac vice fees, attorney admission fees and special assessments.

Date: _____

Signature

Print Name

This form, which will be kept on file in the Clerk's Office, shall remain in effect until specifically revoked in writing. It is the responsibility of the attorney/firm named above to notify the Clerk's Office of the new expiration date when a credit card has been renewed, or if a card has been canceled or revoked.